



*Robert*

BOROUGH OF STAMFORD

Library

# ANNUAL REPORT

of the Health of the Borough  
for the year

1964

BY THE  
Medical Officer of Health

TO WHICH IS ADDED THE  
ANNUAL REPORT OF THE

Senior Public Health  
Inspector



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## **BOROUGH OF STAMFORD**

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### **HEALTH COMMITTEE**

Councillor G. W. Gray (Chairman)  
Councillor J. W. L. Whincup (Vice-Chairman)  
Alderman W. J. Aughton  
Alderman E. S. S. Bowman, O.B.E., J.P.  
Councillor Mrs. G. M. Boyfield  
Councillor F. J. McIntosh  
Councillor G. N. Riley  
Councillor F. H. Ladds  
Councillor Mrs. M. Nichols  
Councillor F. L. Hale

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### **HOUSING AND PROPERTY COMMITTEE**

Councillor P. Bullard (Chairman)  
The Mayor (Ex-Officio)  
Councillor A. W. P. Liddle (Vice-Chairman)  
Alderman G. C. Swanson  
Alderman E. S. S. Bowman, O.B.E., J.P.,  
Councillor A. L. Nichols  
Councillor Mrs. G. M. Boyfield  
Councillor G. N. Riley  
Councillor F. H. Ladds  
Councillor R. B. Schorah  
Councillor F. L. Hale

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### **PUBLIC HEALTH OFFICERS**

#### **Medical Officer of Health :**

H. ELLIS SMITH, M.B., B.Ch., D.P.H.  
Town Hall, Stamford, Lincs. Tel : 2248. Ext. 14

#### **Senior Public Health Inspector :**

L. J. ROLL, A.R.S.H., Cert. S.I.B.  
Town Hall, Stamford, Lincs. Tel : 2248. Ext. 13

#### **Additional Public Health Inspector :**

A. R. BURT, A.R.S.H., Cert. S.I.B.  
Town Hall, Stamford, Lincs. Tel : 2248. Ext. 13

#### **Pupil Public Health Inspector :**

N. HIBBETT

## BOROUGH OF STAMFORD

### ANNUAL REPORT

Town Hall,  
STAMFORD, Lincs.  
April, 1965.

**To the Mayor, Alderman and Councillors of the  
Borough of Stamford**

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my eleventh Annual Report on the Vital Statistics, Health and Living Conditions of the Borough.

## BOROUGH OF STAMFORD

### STATISTICS

Area .....	1918 acres
Population (Census 1962) .....	11743
Population (Registrar General's estimate 31.12.64) .....	12650
Rateable Value .....	£403,758
Product of Penny Rate .....	£1,570
Number of inhabited houses from the rate book at 1.4.64	4026

#### **NOTE ; Birth and Death Rates :**

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as "Net" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of Stamford are 1.05 and 0.85 respectively. The corresponding figure when multiplied by the Crude rate (that is, for Births or Deaths as the case may be) will give the Net Rate.

### VITAL STATISTICS

	M	F	Total
LIVE BIRTHS .....	118	118	236
Legitimate .....	112	112	224
Illegitimate .....	6	6	12
CRUDE live birth rate per 1,000 of Estimated Population .....			18.66
NET live birth rate per 1,000 of Estimated Population .....			19.59
Rate for England and Wales .....			18.4
Illegitimate live births per cent of total live births .....			5.09

	M	F	Total
STILL BIRTHS .....	—	3	3
Legitimate .....	—	3	3
Illegitimate .....	—	—	—
Total live and still births .....			239
Still Birth Rate per 1,000 live and still births .....			12.55
Rate for England and Wales .....			16.3

	M	F	Total
DEATHS			
Number of Deaths .....	74	81	155
CRUDE Death rate per 1,000 estimated population .....			12.25
NET Death rate per 1,000 estimated population .....			10.41
Rate for England and Wales .....			11.3
Natural increase, i.e. Excess of live births over deaths .....			81
Natural increase, England and Wales .....			339,554

#### INFANTILE MORTALITY (i.e. Deaths of Infants under one year of age)

	M	F	Total
Number of Deaths .....	3	2	5
Legitimate .....	3	2	5
Illegitimate .....	—	—	—
Infantile Mortality rate per 1,000 live births .....			21.19
Rate for England and Wales .....			20.0
Infantile Mortality Rate per 1,000 legitimate births .....			22.32
Infantile Mortality Rate per 1,000 illegitimate births .....			Nil

The number of deaths of infants under one year of age was 2 in 1962 and 1 in 1963.

	M	F	Total
NEO NATAL DEATHS			
(i.e. Deaths of Infants under 4 weeks of age) .....	2	2	4
Neo Natal Mortality Rate per 1,000 live births .....			16.95
Rate for England and Wales .....			not available

	M	F	Total
EARLY NEO NATAL DEATHS			
(i.e. Deaths of Infants under one week). .....	2	1	3
Early Neo Natal Mortality Rate per 1,000 live births .....			12.71

#### PERINATAL MORTALITY RATE

(i.e. Stillbirths and deaths under one week combined)			
per 1,000 total live and still births .....			25.1



CAUSES OF DEATHS UNDER ONE YEAR OF AGE			
	M	F	Total
<b>Under One Week</b>			
Bilateral Atelectasis .....	—	1	1
Haemolytic Disease and Prematurity	1	—	1
Prematurity .....	1	—	1
<b>Under One Month</b>			
Pneumonia, Aspiration of Food, Oesophageal Atresia .....	—	1	1
<b>Under One Year</b>			
Bilateral broncho pneumonia .....	1	—	1
	3	2	5

MATERNAL MORTALITY (i.e. Deaths due to Pregnancy, Childbirth or Abortion) .....				Nil
Rate for England and Wales .....	.....	.....	.....	0.28

#### MARRIAGES SOLEMNISED IN THE BOROUGH OF STAMFORD

1961 .....	86
1962 .....	95
1963 .....	101
1964 .....	110

Weddings this year were at the highest figure since the war and reflected the lower ages at which marriage is now embarked upon. The sartorial and tonsorial fashions sometimes make it difficult for the passerby to tell on a casual glance which is the Bride and which the intending Groom, but this is of little importance to them.

The live birth rate at 19.59 was much the highest since the war. The National figure of 18.4 was in turn the highest since 1947.

The three still births gave a rate of 12.55 which was considerably lower than the National of 16.3.

Twelve illegitimate births, two more than in the previous year, meant another dozen young lives starting under conditions of insecurity and hardship. The sins of the fathers are indeed visited upon their children, particularly those born out of wedlock.

The Death Rate in the Borough was 10.41 compared with the National figure of 11.3, which was the lowest ever recorded. The local figure is only arrived at after allowance has been made for the fact that the Borough has a preponderance of elderly persons above the country's average. There has however been a considerable improvement in recent years with an influx of younger families and a higher birth rate. It must be stressed again that adequate employment should be



sought out and made available for these young people. They cannot live on pipe dreams.

It is worth noting that of the deaths 59 per cent were in those aged over seventy-five years. More and more can expect to enjoy many years of retirement. How much they will enjoy these extra years must to a large extent depend on how well they have prepared themselves for them before they arrive. The cultivation of a not too strenuous hobby and wide interests is an enormous help.

For the tenth successive year the Infantile Mortality Rate for England and Wales was the lowest ever previously recorded being 20.0 per 1,000 live births. Stamford was a little bit worse than this at 21.2. The previous year it was only 4.93. With the relatively small total numbers involved it must be realised that a small change in these will produce a huge difference in the Rate.

However praiseworthy the general infantile mortality figure may be there is no room for too much gratification as in Scandanavian countries it has in recent years been down to 15 per 1,000 live births.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1964 IN THE MUNICIPAL BOROUGH OF

STAMFORD

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS										
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over		
Other Infective and Parasitic Diseases	M	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	F	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Malignant Neoplasm, Stomach	M	1	—	—	—	—	—	—	—	—	—	—	1	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Malignant Neoplasm, Lung, Bronchus	M	4	—	—	—	—	—	—	1	—	—	3	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Malignant Neoplasm, Breast	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	—	—	—	—	—	—	3	—	—	1
Malignant Neoplasm, Uterus	F	2	—	—	—	—	—	—	—	—	—	1	—	—	—
Other Malignant and Lymphatic Neoplasms	M	7	—	—	—	—	—	—	1	—	—	1	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	—	1	—	4
Diabetes	M	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Vascular Lesions of Nervous System	M	13	—	—	—	—	—	—	—	—	—	—	—	4	9
	F	13	—	—	—	—	—	—	—	—	—	3	—	3	7
Coronary Disease, Angina	M	10	—	—	—	—	—	—	1	—	2	3	—	—	4
	F	13	—	—	—	—	—	—	—	—	—	1	—	2	10
Hypertension with Heart Disease	M	1	—	—	—	—	—	—	—	—	—	—	—	—	1
	F	3	—	—	—	—	—	—	—	—	—	—	—	—	2



Diseases of the cardio-vascular system again head the list of causes of death claiming 79, strangely enough precisely the same number of victims as the year before. Of these nearly a third were due to Coronary Thrombosis. Adequate exercise, relaxation of mind and a vigilant eye on the waistline are the best preventive measures for this vascular catastrophe.

Diseases of the respiratory system return to the unenviable second place with 31, and of these 13 were due to bronchitis. This is a disease which is almost unknown on the Continent where it is designated 'English' disease. Although its origins are not fully understood, there is strong evidence that cigarette smoking, air pollution and episodes of infection are important causal factors. In this area the second factor is immaterial as air pollution is minimal. Infections are normally rapidly and efficiently dealt with, so that leaves the major indictment at the door of the cigarette. As well as its toll of death bronchitis annually causes the loss of twenty-nine million working days, an economic drain which can be ill afforded.

In third place were malignant growths (22) and of these a quarter (5) were due to cancer of the lung. I will refrain this year from my customary comments on smoking, leaving it instead to the Chancellor of the Exchequer, who is at least making it a more expensive road to ill-health and possibly premature death.

Two deaths were due to malignant growths of the uterus. Could these have been prevented by cervical cytology? Facilities should certainly be made available for all women over the age of thirty to have cervical swabs examined, thus permitting an early warning of this disease and so saving lives. Now that a 'do it yourself' swab device has been made available even a visit to a doctor for what some might think an embarrassing purpose may not be required to obtain the requisite information.

There were four accidental deaths, one on the road, two due to accidents in the home and one on leisure pursuits.

In two of the three cases of suicide coalgas was the method used. Both were males the one aged 89 and the other 49. The third at 83 drowned himself in a river. It is a commentary on society that more and more are being driven by frustration and black despair to take this way out.

## **GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA**

### **NURSING IN THE HOME**

Under the County Council Scheme the Borough has one District Midwife, Miss Morris, Residence : Drift Road, Stamford. Telephone : Stamford 3591 and one District Nurse, Miss Warby, Residence : 9 Adelaide Street, Stamford. Telephone ; Stamford 3218.



## HOME HELPS

Home Helps are provided for the town of Stamford and the neighbouring area of South Kesteven by the County Health Department from Barn Hill Clinic, Stamford. Application should be made to Barnhill House, Stamford.

Monday to Friday    9 a.m.— 12.30 p.m.  
                                 1.30 p.m.— 5.00 p.m.

This service is engaged more and more in providing for the needs of the elderly and disabled, though it was started originally as a service to expectant mothers around the time of their confinement. 23 Home Helps are employed for work in the Borough and on an average there are 85 cases on the books at any one time, of which 70 are elderly persons. There are 2 Good Neighbours who assist their neighbours, in a more informal way and over a longer period of time than could a Home Help. They are paid by the Local Health Authority in accordance with the services they render.

## WELFARE FOODS

Welfare Foods can be obtained from the Barn Hill Clinic at the following times :

Monday to Friday        9 a.m. to 12.30 p.m.  
                                 1.30 p.m. to 5.00 p.m.

## HEALTH VISITORS

Under the County Council scheme there is an establishment for two full time Health Visitors to serve the Borough and the parishes of the Rural District adjoining it. With the departure of Miss E. M. Wright on 31st December, 1963, both posts remained unfilled throughout the year. As they are the general practitioners of social work to the entire family and also do the Tuberculosis visiting, this has been a grievous gap in the service. Miss Hetherington, Health Visitor Bourne, has had the invidious and onerous task of trying to keep the more essential work going in this area as well as her own—three areas in one. Mrs. Stevenson, S.R.N., has come to the rescue and shouldered many of the Health Visiting duties in the Borough and has made a great success of these in both the clinic and the domiciliary sphere.

## MENTAL WELFARE

Mr. D. Wray, Mental Welfare Officer, provides the link between the Family Doctor, the mentally ill patient and the Hospital Service. He also carries out the statutory duties as laid down in the Mental Welfare Act of 1959 and does preventive work in this field ; covering the Stamford area. Telephone No : Grantham 3590.

## AMBULANCE SERVICE

This service is a County Council directly controlled one. There are three ambulances and one sitting case car with District Headquarters at Ryhall Road, Stamford. Telephone No. Stamford 2379.

## GENERAL HOSPITALS

Stamford and Rutland Hospital, Stamford provides full facilities for general medical, surgical and maternity cases.

The Geriatric and more chronic cases are served by St. George's Hospital, Stamford.

Diseases of the chest are served by the Chest Hospital, Bourne.

Infectious persons requiring in-patient treatment are admitted to the Peterborough Isolation Hospital.

All these Hospitals are controlled by the East Anglian Regional Hospital Board.

The services to the mentally disordered patient are provided by the Sheffield Regional Hospital Board based on the Harmston Hall and Rauceby Hospitals.

## TREATMENT CENTRES AND CLINICS

(a) PROVIDED BY KESTEVEN COUNTY COUNCIL

### Child Welfare :

Weekly Clinic—Friday 10 a.m.—12 noon  
2 p.m.—4 p.m. Barn Hill House,  
Stamford.

This is staffed by a Health Visitor, and a State Registered Nurse assists when the Doctor attends. Mrs. Grundy and her devoted band of voluntary workers give generously of their time and energies in making food supplements and baby foods available, in ensuring the success of the social side and in helping with the record keeping. The Doctor attends every Friday morning and on the first, third and fifth Friday afternoons in the month. The average attendance at these clinics has increased from 94 per Friday in 1963 to the new record of 124 and the total attendance was 6,244. This has necessitated having morning sessions as well as afternoons to relieve overcrowding and undesirably long waiting. The extension of the premises is overdue as there is a chronic lack of storage space for the requirements of the many activities which are now centred on Barn Hill.

During the year the routine screening of all infants for phenylketonurea was continued. This is a defect of metabolism which must be detected in the first few weeks of life if brain damage is to be avoided. No case was found.

## **Diphtheria Immunisation :**

A Diphtheria Immunisation clinic is held at Barn Hill House, Stamford, on the first Wednesday of each month from 2 p.m. to 4 p.m. Immunisation is also done at both the Friday morning and afternoon clinics if requested :

Numbers immunised during the year :

Primary Protection	.....	161
Reinforcing Protection	.....	197
		<hr/>
		358
		<hr/>

In addition the following children living outside the Borough were immunised :

Primary Protection	.....	22
Reinforcing Protection	.....	17
		<hr/>
		39
		<hr/>

95 children were immunised by the Family Doctors, 70 for Primary courses and 25 for Reinforcing Protection.

Help at the Barn Hill Immunisation Clinic has again been given by Mrs. Winterton and Mlle. Dauxou of the British Red Cross Society, to whom I would like to express my thanks.

## **Stork Club :**

The Club meets on Tuesday afternoons and is primarily intended for women expecting their first baby. The course consists of eight lectures covering ante natal care, preparation for confinement and infant care. Relaxation exercises are also taught and the occasion is made an enjoyably social one.

In the twelve months to 31st December, 1964, 99 mothers-to-be made an aggregate attendance of 620. There have been many expressions of warm thanks for the help and benefits which have been derived from the classes. The Club was run by Miss M. Hetherington, Health Visitor.

## **School Health Service Clinic :**

This is situated at Barn Hill, Stamford, providing Ophthalmic, Orthopaedic, Physiotherapy, Speech Therapy Clinics. A minor ailment clinic is held from 9 a.m.—10 a.m. on Mondays, Wednesdays and Fridays, attended by a Nurse.

Unfortunately there is still no school dental service as it has been impossible to fill the vacancy for a dental surgeon.

## **Children's Department :**

The Area Child Care Officer, Mrs. E. W. Avison, assisted by Mr. W. B. Armitage have their headquarters at Barn Hill. This makes for



close co-operation with the members of the medical, nursing and Home Help Services who share the building. The full range of Children's Department Services are provided.

A family Advice Centre has been opened on Friday afternoons from 1.30 p.m. to 4 p.m. to deal with all social problems involving children.

#### (b) PROVIDED BY THE REGIONAL HOSPITAL BOARD

##### **Tuberculosis :**

At Stamford Hospital

Tuesdays from 2 p.m.

Weekly Clinics

Fridays from 2 p.m.

Under Dr. G. Bernard Royce, Consulting Chest Physician, Peterborough Group of Hospitals.

##### **Venereal Disease :**

Clinics are held at the Out-Patient Department, Memorial Hospital, Peterborough, under Dr. N. A. Ross.

Males	Mondays	4.30—6.30 p.m.
	Wednesdays	5.30—7.00 p.m.
Females	Tuesdays	10.30—12 noon
	Thursdays	4.30—6.00 p.m.

#### c) PROVIDED BY THE MEDICAL RESEARCH COUNCIL

##### **Laboratory Facilities :**

Bacteriological examinations are carried out by the Public Health Laboratory at Peterborough under the direction of Dr. E. J. Glencross. They include brucellosis and antibiotic examinations of milk, water samples and general bacteriological work. I would like to acknowledge gratefully the ever generous help, advice and courtesy which has been extended to us throughout the year by the Director and his staff.

#### (d) PROVIDED BY THE FAMILY PLANNING ASSOCIATION

##### **Family Planning Clinic :**

Now in its fourth year, this is providing a welcome service to the married wishing to plan their families and to the engaged wishing pre-marital advice. At the Clinic advice is given on methods of contraception, and medical help with sexual problems and advice in cases of sterility and subfertility, are also available.

Oral methods of contraception have not been used and rightly so while there still remains the least suspicion of unpleasant complications such as thrombosis on the short term and others on the long. Maybe the Medical Research Council investigation will help to clarify the position.

The Clinic is held by Dr. Anne Whiteley—Deputy County Medical Officer. She is assisted by a Health Visitor and a Committee of voluntary workers to whom I would like to express cordial thanks.



During the year 21 sessions were held. A total of 94 patients, of whom 48 were new, made a total of 120 visits. 21 were referred by Family Doctors, 2 by the Hospitals and the remainder from a wide variety of sources.

The Sessions are held :—

First Tuesday in each month 2 p.m. to 3 p.m.

Third Tuesday in each month 7 p.m. to 8 p.m.

General Chemical Examination	Northfields parts/million	Bone Mill parts/million
Appearance	Clear and bright	Bright with very slight deposit
pH	6.9	7.3
Electric Conductivity	810	580
Chlorine present as Chloride	23	19
Turbidity (A.P.H.A. units)	Nil	less than 3
Odour	Nil	Nil
Free Carbon Dioxide	75	22
Dissolved Solids dried at 180°C	580	410
Alkalinity as Calcium Carbonate	320	220
Hardness : Total	525	345
Carbonate	320	220
Non-carbonate	205	125
Nitrate Nitrogen	0.6	8.3
Nitrite Nitrogen	less than 0.01	absent
Ammoniacal Nitrogen	0.036	0.000
Albuminoid Nitrogen	0.008	0.000
Oxygen Absorbed	0.20	—
Mineral Analysis:—		
Manganese:	0.19	0.04
Fluoride:	less than 0.1	less than 0.1
Iron	absent	0.04

Remarks :

NORTHFIELDS. This sample is clear and bright in appearance and free from metals apart from a trace of manganese. This trace tends to be appreciable and therefore is objectionable. The water is on the acid side of neutrality and has a related high content of free carbon dioxide: from the aspect of corrosive activity the water would benefit from a reduction in this carbon dioxide. The water is exceedingly hard in character but the content of mineral constituents is not excessive. Organic quality is very satisfactory.

From the aspect of the chemical analysis and apart from the objection to the trace of manganese, the low pH value and the high degree of hardness, the results are indicative of a pure and wholesome water suitable for drinking and domestic purposes.

BONE MILL. This sample is practically clear and bright in appearance and free from metals apart from negligible traces of iron and manganese. The water is neutral in reaction, very hard in character but not excessively so, it contains no excess of mineral constituents and it is of very satisfactory organic quality.

From the aspect of the chemical analysis these results are indicative of a pure and wholesome water suitable for public supply purposes.

## SANITARY CIRCUMSTANCES OF THE AREA

### Water :

The South Lincolnshire Water Board is responsible for the supply and distribution of water within the Borough. I am very grateful to Mr. Stobie, Engineer to the Board for the following information:

“Supplies to Stamford were derived from Ryhall Road, Northfields, Bonemill, Wothorpe and Whitewater sources, but towards the latter part of the year due to falling off of levels and yields at these sources some difficulty was experienced in maintaining adequate supplies ; however, new works at Pilsgate and Wittering, coupled with a new bulk supply main into Pilsgate from the Peterborough Corporation main at Maxey enable additional supplies to be boosted into the Stamford area.

“Unfortunately the condition and size of existing mains, and the inadequate storage in the Borough do not meet present day requirements, and especially the extensive new housing development on the higher land. Considerable remedial works, both at sources and in the distribution system have to be carried out, and are being carried out. For long term planning large new capital works are required, and these are at present underway.”

The following new mains were laid during the year :—

Empingham Road, Stamford	1,255 yds.—6" & 10"
	12 yds.—3"
Clare Close	86 yds.—2"
Drift Road	20 yds.—3"

The total water used during the year was 229,611,000 gallons or 627,352 gallons per day ; which works out at 50 gallons per head per day including industrial usage.

There are no properties in the town supplied from standpipes.

As Mr. Stobie says there was lack of pressure and supplies were inadequate at times in the higher parts of the town but every effort is being made to combat these. During the year 620 water samples were taken for bacteriological examination and all those from the supply mains were satisfactory. There was some intermittent contamination of the raw water at Bone Mill but this of course was rectified before being used for the supplies.

It will be necessary to ensure a completely adequate water supply before the question of fluoridation is mooted further. However it has the weight of every relevant professional body behind it in combating the ravages of dental caries without risk to anyone, and it would save many millions of pounds to the already understaffed dental services. It will inevitably come in time but indwelling prejudices have to be exorcised first.

At the request of the Ministry of Health a typical chemical analysis of two of these sources of supply is included.



At the Sewage Disposal Works the cold sludge digestion tanks in their third year of operation were disappointing in their action and there were persistent complaints of malodour from the sludge beds during the early months of summer. The Borough Engineer and Surveyor then decided to introduce a composting scheme with the Council's Blessing using straw bales on the original beds. A very great improvement was the immediate result and this was maintained until the year's end. The final effluent from the Works was satisfactory.

Rapid new housing developments in the Borough, improvement grant works and other pressures mean that the maximum capacity of the Works will soon be reached and extensions there a necessary corollary.

The Consulting Engineers have not yet launched the scheme agreed upon over two years ago for the new trunk sewer in a tunnel under the town from Scotgate to the west end of St. Leonard's Street. This, costing some £120,000, will form the main artery of the new drainage scheme for the town. It is earnestly hoped that a start will soon be possible so as to ease the overloading of the present system and the surcharging which occurs in the lower part of the town.

A weekly refuse collection service is given and disposal is by a controlled tipping system at the relatively convenient new tip at Uffington. Whilst this will last a few years, searching for additional sites must go on. The Cleansing Services maintain an excellent standard throughout the town which is often commented on by visitors and the Borough has a right to be proud of this.

Public Health Nuisances were alleged on several occasions on the score of smoke and grit emanations from chimneys. Two of these originated inside the town and one outside. Every co-operation has been received from the owners of the chimneys concerned. In one instance the coming into operation of a new boiler house has corrected the trouble. In another the change over to oil-fired kilns should abolish the cause. In the case of the business outside the town one chimney has been cured and the other is scheduled for reconstruction which should greatly mitigate the nuisance.

The Borough Swimming Baths are an amenity which is greatly appreciated by many in the town and from the surrounding areas. All the Local Education Authority Schools in town make use of them and so there is no excuse for any child not learning to swim.

On the opening day with the water temperature at 57°F, 187 attended. 21st August produced the highest attendance of the year 1,445, and on five different days 1,000 was exceeded. It was a better summer and the water temperature for most of the season was between 62°F—70°F, and helped to invite the total attendance of 64,448—the highest since 1960 but it was still far short of the peak figure of 97,007 in 1959.

The season lasted from 27th April to 19th September and was only marred by the accident in which a boy in diving off the one

metre springboard sustained a severe spinal injury. The board was subsequently removed.

There were ten cases of hooliganism and four persons were permanently barred.

A suggested scheme to provide the Borough with a heated swimming pool has been favourably considered. This provision would be a wonderful way of celebrating the Millenary of the Borough in 1972 and would be a health promoting outlet for youthful energies all the year round.

Bacteriological examinations of the water from all the baths were made throughout the season at weekly intervals. These were taken from varying levels and were very satisfactory except for one set of figures from the small bath. These were due to the topping up of the water level and were quickly rectified.

Rules for Health and Cleanliness are displayed. Foot sprays are provided for use before entering the baths and the cubicles are swilled out with chlorinated water at frequent intervals, so as to minimise the risk of spread of verruca and athlete's feet.

A Minuteman Resuscitator is kept regularly available at all times and is regularly overhauled to ensure its efficiency. It was used on three occasions during the season. A stretcher obtained on loan from the Bourne Branch of the British Red Cross Society and blankets are kept in readiness.

The Mortuary maintained by the Council was not used this year. The very modern one at the Hospital is used exclusively now by the Coroner, the Police and the Pathologist. Perhaps by negotiation it could serve the Council's purposes as well and allow for the closure of the Borough one.

Stamford has a Joint Burial Board and during the year there were 114 interments. There is ample grave space for many years ahead. The nearest Crematorium is at Marholm near Peterborough and this is being increasingly used as an alternative.

Two houses had to be dealt with on account of infestation. In one case this was due to fleas and in the other bed bugs. This latter was the first to occur for many years.



PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

ANALYSIS OF CASES OF INFECTIOUS DISEASES AND DEATHS THEREFROM

Notifications received during the year.

	Total Cases Notified 1964	Cases Admitted to Hospital	Total Deaths	Total Cases Notified 1963
Scarlet Fever ....	15	1	—	17
Food Poisoning ....	—	—	—	—
Dysentery ....	—	—	—	30
Meningococcal Infection	—	—	—	—
Puerperal Pyrexia ....	—	—	—	2
Measles ....	384	—	—	35
Whooping Cough ....	13	—	—	13
Total	412	1	—	97

In addition 14 cases of Pneumonia were notified as compared with 20 cases notified during 1963, and 1 case of Erysipelas, the same as in 1963.

AGE DISTRIBUTION OF THE NOTIFIED INFECTIOUS DISEASES

	Not known	Under 1 year	1	2	3	4	5	10	15	20	25	35	45	55	65 and over	Total
Scarlet Fever ....	1	—	—	1	—	2	10	1	—	—	—	—	—	—	—	15
Food Poisoning ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ....	4	7	25	32	48	33	22	1	7	4	—	2	—	1	—	384
Whooping Cough ....	—	1	1	—	2	2	6	1	—	—	—	—	—	—	—	13
Pneumonia ....	2	—	—	—	—	—	1	—	—	—	—	2	2	4	3	14
Erysipelas ....	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Total	7	8	26	33	50	37	23	8	9	4	—	2	3	3	4	427

The total incidence of notifiable disease—excluding Tuberculosis was up on the previous year being 427 compared with 118 in 1963 and 291 in 1962. This steep rise was due to the customary biennial epidemic of measles. Fortunately it was mild in its effects and caused few complications.

It is gratifying that there were no cases of Dysentery or Food Poisoning this year after the disturbingly high incidence in 1963 and 1962. Is it too much to hope that the lessons have been learnt and that this year will be the pattern for the future? Only the most stringent attention to hygienic food handling in catering establishments and in the home will ensure this.

Nine years have now elapsed since a case of Poliomyelitis occurred in the town. This is a measure of the success of the vaccination scheme against this crippling disease.

It is nineteen years since the last case of Diphtheria occurred within the Borough but this immunity must not be allowed to lull parents into a false sense of security. Only by their conscientious efforts in ensuring that every child is immunised in its first year can this freedom be ensured. It is fortunate that a triple vaccine protecting against Diphtheria, Tetanus and Whooping Cough is now almost universally used as a routine infant protection unless there are definite contra indications. The Whooping Cough fraction dealing as it does with a disease which is commonly seen and feared sells the other two.

The number of vaccines in general use continue to increase, some single and some combinations of three or even four agents. The latest to join the ranks being one combining Diphtheria, Tetanus, Whooping Cough and Poliomyelitis protection. Another year will probably see the general introduction of a Measles one as well. Whilst all these weapons of preventive medicine are to be applauded, they do create a continuing need for an easily accessible record of precisely what has been given in each individual case, whether this was in the surgery of the Family Doctor, Hospital or Local Authority Clinic. Obviously the place for this information is the Health Service Medical Card and to this end any immunisations done at local clinics are notified to the Family Doctor concerned. In no instance is it more imperative to have this information readily available than in the case of Tetanus. In the event of an accident the decision to give or withhold anti-tetanic serum depends on the immediate availability of an authoritative statement as to whether or not the person has been actively immunised against Tetanus. With an ever greater proportion of the young being protected on the one hand and an increasing incidence of road and other accidents on the other, thought should be given to the information being readily accessible at any time in the twenty-four hours. It has been suggested that an identification mark could be tattooed on the individual, but there might be aesthetic objections to this; or a central register might be maintained at the Headquarters of the Ambulance Service.



All Council employees who are liable to come into contact with rat-contaminated water at sewage disposal works, drains, sewers and refuse tips are given a card of precautions to be taken to avoid contracting Weil's Disease.

Members of the streptococcal group of infections were notified on sixteen occasions compared with twenty in the previous year.

There is a clearcut need for the revision of the diseases which are made compulsorily notifiable. At the moment the list is archaic and irrelevant to the mid-sixties. What use from a control point of view was the notification of 230,000 cases of Measles and 43,000 cases of Whooping Cough last year? This at a time when great lip service is paid to the excessive demands on the time of the country's doctors and form filling should be kept to a minimum by ruthless pruning of irrelevancies.

It is now over two years since the Smallpox scare, when the peak figure of 2,502 were vaccinated. This dropped to 131 in 1963 and the combined figure for the Family Doctors and the Barnhill Clinic was only slightly higher than this in 1964 at 151. It is amazing how often this simple procedure is left to the eve of embarkation for foreign parts and has to be done in a near panic of haste instead of at a convenient time.

Thirteen new cases of Venereal Disease were reported this year compared with four in the previous year and of these one was a teenager. This figure shows a disturbing rise and underlines the need to stress the dangers of promiscuous sexual activities.

## TUBERCULOSIS

One new case of Pulmonary Tuberculosis (a male in the 55-65 age group) was reported during the year, the same incidence as in 1963. There were no cases of the non-pulmonary form of the disease. It is also gratifying to record that nobody within the Borough died from these causes during the past twelve months.

That the tubercle bacillus is still a malign power in the land is shown by the fact that there were under treatment or supervision at the Stamford and Bourne Chest Clinics during 1964, 123 cases, 61 men, 58 women and 4 children; of whom 8 at some time during the twelve months had positive sputums.

The conscientious follow up visits to the home and the ensurance of the patients' attendance at the Clinic are vitally necessary.

The B.C.G. Vaccination scheme for school children was continued. 64 children were Heaf tested and of these 58 were found to be negative and were given B.C.G. The six positives subsequently had chest x-rays. In five of them the radiographs were clear, and one was referred for further investigation and surveillance.

The Council have always given sympathetic consideration to the housing needs of any one suffering from Pulmonary Tuberculosis.

## HOUSING

### PROVISION OF NEW HOUSES

Statistics of new houses erected in the Borough during 1964 :

1. BUILT BY LOCAL AUTHORITY :				
Traditional Brick Houses	.....	.....	.....	Nil
Houses in course of erection at end of year	.....			15
Flats in course of erection at end of year	.....			16
2. BUILT BY PRIVATE ENTERPRISE :				
Traditional Brick Houses	— 2 bedrooms	.....		1
„ „ „	— 3 bedrooms	.....		104
„ „ „	— 4 or more bedrooms			3
Houses in course of erection at end of year	.....	.....		93

Applicants for Council Houses as supplied by the Housing Department at December, 1964 :

Effective Housing List	.....	.....	.....	195
Old Person's Dwelling Applicants			.....	75
Miscellaneous Applicants	.....	.....	.....	12

The Council's Slum Clearance programme as submitted to the Ministry of Housing and Local Government in 1955 involved 91 houses which it was estimated would be dealt with in ten years. By 31st December 1964 after nine years 152 had been dealt with —5 during the year as follows :

Closing Orders 4.      Demolition Order 1.

Following an Official Representation under the Housing Act, 1957, in respect of twelve houses in Foundry Road, together with the outbuildings, it was decided to apply for a Compulsory Purchase Order on the Area so that it could be comprehensively and effectively redeveloped. A Ministry of Housing and Local Government Inquiry was held into the proposals in the Autumn and the Order was confirmed by the end of the year. The road to progress is now wide open.

Mr. Marshall Sisson, the eminent Architect was engaged by the Council to advise on the redevelopment of the properties on the east side of High Street St. Martin's involved in the other proposed Clearance Area. He has produced a comprehensive plan which includes five three-storied terrace houses, a four-storied block of dwellings, a block of three garages with two flats on top, five other garages and the preservation and modernisation of Nos. 7 to 11 High Street, St. Martin's. The plan was explained in detail to a full Meeting of the Town Council and the sketch plans were placed on public display so that all interested persons could acquaint themselves with the project as a whole.

As the statistics show, for the third full year in succession the Council produced no new houses, but at the end of the year there were 15 houses and 16 flats under construction which augurs better for the



future. Private enterprise forged ahead producing 108 and a further 93 were under way at the close of the period. The numbers on the Council's Housing List increased during the year by twenty-one to a total of 282.

The Council continue to encourage the owners of suitable properties to bring them up to modern standards and give them a new lease of life. During the year 12 Discretionary and 13 Standard Grants were made. Five other applications for Grants had to be refused for non compliance in varying respects with the requisite conditions for an award. The Council completed the conversion of 12 to 19 Belton Street into four houses and these were retenanted by the end of the year.

The demand for Elderly Person's accommodation continues unabated. Of the 282 on the Housing List 75 require this type of house, being 27 per cent of the total. At the end of the year the eagerly awaited Grouped Elderly Persons dwellings scheme, with a Warden in Charge, was nearing completion in Foundry Road. The provisional list of first occupants had been drawn up with meticulous care. Full regard had to be paid to those in greatest need from the housing and health angles on the one hand and yet endeavour to maintain a balance between those who needed the assistance of "good neighbours" and those who would be willing and able to provide it. On such factors and the Warden will the humanitarian success of the scheme ultimately and so largely depend. In one group of Council properties for the greater part of the day there is no really able bodied tenant. For the rest of the twenty-four hours there is only one in that category. This has caused considerable concern during the year. The possibility of a warning system or the introduction of a leavening of younger tenants has been discussed sympathetically but no solution has yet been found.

The Council's Caravan Site on Empingham Road is licensed for 18 vans. Additionally there are 2 private sites accommodating a further 4 vans.

The Council operate a Points Scheme and during the year 29 applications were received for priority rehousing or changing of tenancies, on the grounds of ill-health, unsuitable accommodation, or to meet socio-medical crises. In each instance a personal visit was paid by your Doctor and a full investigation was carried out before any recommendation was made. I greatly appreciate the generous help of my Family Doctor colleagues in these appraisals.

Two cases of overcrowding came to light during the year. Both were abated by the end of the period.

Of the thirteen Council houses mentioned in last year's Report as being without bathrooms, three were dealt with during the year.

There are a number of prewar Council houses dependent on outside toilets which have no provision for lighting therein. At night the instincts of the children of tenants must be well trained !

There are no Common Lodging houses in the Borough.

The gradual but steady process of modernisation of the town's legacy of Almshouses has continued. The twelve rejuvenated dwellings at Browne's Hospital are an object lesson in the reconstruction of old into new and were fully occupied by the year's end. Improvement Grants have been made in respect of Fryer's Callis and these should make a further six modern dwellings.

## INSPECTION AND SUPERVISION OF FOOD

The Codes of Practice based on the Food Hygiene Regulations are accepted in principle by nearly all food businesses. While this is so it is all too easy for lapses to occur in individual cases and for a gradual deterioration of the premises themselves and the techniques to below acceptable levels. It is illuminating on occasions to pass the glass-topped counter, the attractive packaging of articles on display and enter into a very different world where the stores are kept and the breaking down of bulk is done preparatory to being exhibited on those impeccable shelves. It is here the regular visits by the Health Inspector can play such an important preventive role. Under his friendly and critical eye the owner can be advised and the public protected.

In the light of these observations it is difficult, however hard they strive, for the owners of open air market stalls, the stalls which accompany the fairs and similar improvisations from which food businesses are carried on, to comply with their full responsibilities. Just one question—where do the servers of the food wash their hands?

There is an overwhelming case for the registration of all food premises. This would ensure that they started life up to the full standard required and would assist in a comprehensively watchful eye being kept on them.

Following the Aberdeen Typhoid epidemic certain consignments of tinned corned beef and of tongue from South America were suspect. An all-embracing search was made for any tins of the type and batch numbers concerned and as a result twenty-one 6 lb. tins were discovered and confiscated.

The Municipal Slaughterhouse as in previous years has continued to provide a good service to the town and the adjoining areas. At peak periods it is overloaded but the staff by good organisation have managed to cope but "hope deferred" of new premises may soon make the "heart sick". For the past two annual reports I have spoken of the imminent appearance of a new purpose built municipal abattoir, but it now appears as remote as ever. Various sites have been proposed and explored—Brownlow Street, an extension of the present one, the Cattle Market, the old railway station, Ryhall Road and Uffington Road, but planning objections, aesthetic reasons, or the requirements of the Ministry have prevented any finalising of a plan. Yet so long as the public remain carnivorous they will continue to expect a first class service from a modern abattoir—whoever provides it!



The Food Sampling Officer of the Food and Drugs Authority is responsible for the maintenance of the chemical and compositional quality of food stuffs and drugs. The District Public Health Inspector is responsible in the sphere of hygiene and the bacteriological purity of foodstuffs. Their combined efforts should safeguard the customer.

Mr. Hawley, Chief Inspector of Weights and Measures of the County, took 39 samples within the Borough under the Provisions of the Food and Drugs Act, 1955. The articles sampled were as follows :—

Beef steak (tinned)	.....	1	Honey	.....	.....	1
Butter	.....	1	Marzipan	.....	.....	2
Cheese	.....	2	Meat Pie	.....	.....	1
Corned beef	.....	2	Milk	.....	.....	19
Cream	.....	3	Milk (dried)	.....	.....	1
Drugs	.....	3	Pork sausages	.....	.....	3
						39

All these were reported upon by the Public Analyst as satisfactory.

In his review of the year's work Mr. Hawley highlights the problems presented by the galaxy of food additives which are now commonplace and the controversy between those who allege them to be a "poisonous contamination of food" and those who rebut the charge.

Mr. Hawley says :—

## “ Food Additives

“ Chemical food additives fall into two main groups, namely, (1) those which have or are supposed to have prophylactic properties and (2) those whose purpose is purely commercial. The addition of vitamins, minerals and other nutrient factors to food to enrich or restore deficiencies in normal concentrations is now accepted by most persons as a commendable practice. In a quite different category, however, is the addition of colouring matter, antioxidants, preservatives, stabilisers, maturing agents and similar substances, because they have nothing whatever to do with nutrition and are used exclusively for commercial purposes—to standardise and improve appearance or to extend the ‘ shelf life ’ of foods which, without this treatment, would look unattractive or would go bad too quickly.

“ With the development since the War of a wide range of synthetic chemical pesticides and, latterly, the increasing use of chemicals as antibiotics in animal farming, there has grown up a new source of food contamination largely outside the control of the food industry. There is no doubt at all that the sophistication of food has increased alarmingly in the post-War years, but so has the Minister’s awareness of this and he is certainly using all his resources to combat the evil.



## “ Food Colouring

“ There is no doubt whatever that anxiety exists in many quarters at the increasing use of food colours, especially the coal-tar dyes and it is for this reason the Minister is taking a tougher line on synthetic chemicals in food. The Food Standards Committee has recently advised the banning of six of the currently ‘ permitted ’ coal-tar dyes and has recommended that all the other coal-tar dyes on the ‘ permitted ’ list should be withdrawn within the next five years. Food dyes serve no nutritional purpose at all and could be withdrawn tomorrow were it not for public habit. Thus the public is said to demand a processed pea which gleams like a starboard light and strawberry jam which rivals the port light in brilliance. To satisfy this demand and achieve these effects, most food manufacturers use coal-tar dyes and though some are said to be safe, others are known to be suspect. It is reassuring to know, however, that the British Industrial Biological Research Association is giving the highest priority to a programme of research into food colours, though it is indicative of the problems involved that this will probably take two years.

“ It is impossible for a layman to be other than impressed by all this governmental activity regarding the dangers which lurk behind the colourful facade of the supermarket and the attractive label of the pre-pack. It is, nonetheless, a sobering fact that no two national lists of ‘ permitted ’ colours are alike and that there is, in fact, only one colour that is universally accepted. This means that a colour accepted as safe in one country is nearly always rejected as unsafe in another.”

Mr. Hawley then goes on to say that adulteration such as sand in sugar, starch to thicken cream and potato flour in bread is virtually never seen as the deception is certain to be found out.

In conclusion he mentions the dilemma which faces us in so many aspects of human affairs.

“ It cannot be too frequently stressed that while the main purpose of present-day Food and Drugs legislation is to prevent food from becoming injurious to health by the addition of deleterious substances, there is a concurrent need for adequate supplies of wholesome food for all, especially the many millions of the population who live in big towns. This means compromise and the acceptance, to some extent, of the Benthamite philosophy that in matters which concern the people as a whole, certain things (which are not necessarily compatible with individual preference) must be done for the greatest good of the greatest number.”

I am very grateful to Mr. Hawley for his report of the work done on behalf of the Borough and for all the ready help extended to the Health Department throughout the year.

Milk as the staple food of the very young and an essential for the elderly is subject to risks. Only a heat-treated milk is a really safe one, as without being so treated it may carry the organism which in cattle

causes contagious abortion and in man undulant fever. This latter is a long lasting and unpleasant complaint and the risk of acquiring it is not worth it when it is considered that from a recent survey in this country one can expect 6.7 per cent of can samples of raw milk to contain and twenty-five to thirty thousand dairy herds to be infected with the brucella organism.

Penicillin given for the treatment of milking cows can also be excreted in the milk and give rise to a problem. Aware of this, periodic investigation of milk in this area has been done but fortunately has given rise to no cause for concern.

## FOOD POISONING

No cases of Food Poisoning were reported during the year.

## NATIONAL ASSISTANCE ACT, 1948, Section 47

In no instance during the year was it necessary to remove compulsorily from their home anyone being in need of care and attention within the meaning of the Act. In two cases however it was narrowly avoided by intensive persuasion and argument. In one of these an elderly lady was involved. She was incontinent and possessed of a very stubborn and difficult temperament. She had become malodorous and yet she refused to allow the home help to assist her personal needs. As powers were being sought to remove her to hospital, she grudgingly consented to go. This was the instance of bed bug infestation to which reference was made earlier and which was only discovered subsequent to her removal.

## HEALTH EDUCATION

The Council gives generous support to the Central Council for Health Education and makes use of their posters, leaflets and other propaganda material. The Ministry of Health in a published report recommended that subjects requiring special Health Education Programmes were human relationships including sex education, mental health, dental health, the early diagnosis of certain types of cancer, the risks of smoking and overweight, the need for physical exercise, recreation and the proper use of leisure, clean air, fluoridation and foot health. Is it not true that in most of these subjects it is not knowledge in general terms which is wanting? From late adolescence onwards consciously or unconsciously individuals have adopted attitudes of mind towards them and it is the breaking down of prejudices and apathy which is the major problem. The most effective way this can be overcome is by the personal approach by those who are in a position to influence others. In this respect, doctors, nurses, clergy, those active in Public life, employers and all who teach the young have special access and responsibility in the sphere of health education. It is their unprejudiced and fully informed interpretation of these subjects



to other individuals which brings results; for mass indoctrination by print or word has little permanent effect.

It is unfortunate that after doing most useful work the Road Safety ' Tufty Club ' should have lost its impetus this year.

## MISCELLANY

The Welfare State may hold an umbrella over the many, but there are still numerous individuals and problems left out in the rain. The Health Department year by year is faced with the task of dealing as best it can with these cases from the resources available both statutory and voluntary.

There was a family of two adults and two children in a house consisting of one living room ten feet by eleven feet lit by a guttering gas lamp which was the only light point in the house. Three steps led down to a kitchen scullery which would have broken the heart of the staunchest housewife. The only bedroom, thirteen feet by eleven, contained a double bed, a cot and a pram. A small and cluttered hall completed the picture. This was hardly a satisfactory environment in which to bring up a family as the Council agreed when they heard of it and have acted accordingly. Naturally the social services were also deeply concerned.

There was the man who dwelt in unbelievable squalor and filth surrounded by a clowder of some twenty-five to thirty cats. He was impervious to all argument, persuasions and warnings to put his house to rights and control his pets. Eventually this led him to the Magistrates Court and a fine. In spite of all efforts to the contrary, man, house and cats were little changed at the end of the year and the fulfilment of the Clearance Area demolitions will have to be awaited to effect a final cure. Surely this will produce a solution ultimately ?

There was the woman who sour and ill in mind refused to pay an electricity bill incurred by her former husband. Accordingly for several years she existed without this service or any acceptable alternative one, with the inevitable deterioration in her health, personality and household management ; this at least as much due to her outlook on life as to the physical rigours of her existence. Eventually she agreed to treatment which though prolonged has had a fair success.

These three cases are illustrative of the need for close liaison and co-operation between the medical, welfare, housing and social services if any solution is to be obtained in difficult medico-social problems. There were in all seventeen of these cases during the year. The time devoted to them however was very much greater than the number might suggest. Though the root cause of the situation may be clear the solution can be a long and involved process and in many instances the path of rehabilitation may be contested step by step.

There are many pitiable cases of elderly persons, mostly widows, whose families have departed from the district and who find themselves



left in houses much too large for them and quite beyond their physical and financial resources. A Home Help may do much to mitigate the hardship in some instances but she can do nothing to make stair-climbing easier for a sufferer from crippling arthritis and from a failing heart. Only the availability of suitable ground floor accommodation can solve this.

The Home Help Service has continued to bring assistance and solace to the elderly, the handicapped, the problem family and to mothers before their confinement and during the lying-in period. Only through its humanitarian activities has it been possible to hold problem families together for the benefit of the children and the community. The need for this is self-evident when it is realised that this County is in the top ten of those authorities with the most children in the care of their Children's Committee. The Home Help Service also permits many elderly persons to remain in their own homes where they desperately want to be but could not manage against the insidious encroachments of declining health and old age. This Service has now been reinforced by the Good Neighbour one. This is recruited from those people who are prepared to lend their aid and support to another person less fortunate than themselves, by popping in and keeping a kindly eye upon them and helping them as required. The accent is on informality and the County Council pay them according to the services rendered. These Services have flourished during the past year under the energetic and diplomatic guidance of Mrs. Hutchinson at the Barnhill Clinic.

Endeavours to assist the Elderly continued. The morning rendezvous for those over retirement age held each morning at the Darby and Joan Club has its small core of regulars who greatly enjoy their tea or coffee, biscuits and a chat. It deserves to be more widely patronised for its friendly atmosphere, and is probably the best value in town for 'elevenses'. It is staffed by ladies from many organisations.

Toc H and the Old People's Welfare Committee on which sit representatives of all the organisations able and willing to assist the Elderly arranged their usual Christmas parcel distribution. This year it was limited to single persons or couples living alone who were over pensionable age. It is hoped that everyone in this category received one of the 337 parcels of over thirteen shillings value which were packed on the Saturday and distributed on the Sunday prior to Christmas. The many letters of appreciation which were received bore testimony to the pleasure and gratitude of the recipients.

The Meals on Wheels Service continued to carry on its humanitarian work throughout the year. The visits of its members with a hot meal is an event to which many an elderly person looks forward, not only for the excellent content of the meal itself but also the regular visit and the social contact which accompanies it. 3,672 meals were provided from the Central School Kitchen and during the school holidays 458 from the Central Cafe and 172 from the White Heather, making a total of 4,302, compared with 4,114 in 1963 and 4,104 in 1962.

I am struck in the course of my visits to the elderly by how many make do on so little milk. This should be an essential part of their diet but its increasing price is a deterrent. It is paradoxical that whilst this is so and at a time when the nutritional standard of school children is higher than it has ever been — in fact overweight children is one of the problems of the day — there should be a free and universal supply of milk to school children. Is it dietetically necessary or even desirable? When one considers that the latest published figures for the strontium 90 in bone of infants and young children is the highest it has ever been and is showing rising tendencies. The source of ingestion must be largely milk. Last year it cost the taxpayers £12,130,000. I suggest this might have been put to better use; for instance it might have paid for 15,160 extra assistant teachers. The cost will be away up in 1965 with the increase in milk prices. Surely it is unnecessary for the over eleven year old but could still be given in individual necessitous cases.

There was evidence during the year both locally and nationally that the exaggerated shoe styles worn by the young are having an adverse effect upon their feet. Even the enlightened parents who do not mind being branded as 'not with it' by their offspring and who try to get sensible shoes, find great difficulty in obtaining them. Is there not a case for having regulation shoes at school modelled by the dictates of good foot health rather than of perverted fashion.

Mr. J. G. Farrar, Manager of the Local Office of the Ministry of Pensions and National Insurance has continued his generous help. This he does by sending a copy of the Council's synopsis of all the services available to them, whether National, Local Authority or Voluntary, to each person as they become of pensionable age. This ensures that no one is left out.

The Co-ordinating Committee for the Welfare of the Elderly meet quarterly. These gatherings are attended by the Consultant Physician of the Peterborough and Stamford Hospital Group, the District Welfare Officer, the Managers of the local Offices of the National Assistance Board, the Meals on Wheels Organiser, the Home Help Organiser, the Health Visitors and the Housing Officers of the Borough, Bourne and South Kesteven; under the Chairmanship of your Doctor. All the difficult cases in the area are subject to a review by the representatives present and the interchange of information and points of view often lead to a much clearer appreciation of particular problems and a happier and speedier outcome than would otherwise be possible. It certainly allows the most appropriate member of the team to be chosen to deal with the case thus avoiding delay, red tape and that unnecessary visiting which breeds resentment. This work was the subject of a special article in the Example series of New Society in July. Thirteen cases from the Borough were reviewed during the year.

This year saw the opening of the Day Hospital Centre in the converted old laundry at St. George's and what a metamorphosis it is.



It has been the brainchild of Dr. Jackson, Consultant Physician, and owes its existence to his drive and initiative backed by the Hospital Management Committee. It is intended for the chronic sick who would benefit from occupational therapy, physiotherapy and rehabilitation. They do not necessarily need to be very expensive intern hospital patients to obtain these, for a number are being taken from the town to spend the day there, returning home to sleep. Such a regime gives them new hope and their relatives a much appreciated break. This is a scheme which inevitably will grow.

It is interesting to note that in Sweden to save the tremendous cost of a hospital bed patients who do not need to sleep in hospital for their treatment but are unable to get home are boarded out in hotels at the hospital's expense. It only costs half the amount.

The Children at Risk Co-ordinating Committee continued to meet quarterly and eighteen cases from the Borough were dealt with during the year. It has been of enormous value in bringing the maximum help to bear in each individual problem. Its membership of twenty-two includes all those bodies who have statutory duties in the sphere of child care and your Doctor has been done the honour of being elected Chairman.

As your medical representative I have continued to serve on the Control of Infections and the Maternity Liaison Committees of the Peterborough Hospital Group. I have also served on the Disablement Advisory Committee and Medical Panel of the Stamford area of the Ministry of Labour, as well as the Stamford Old People's and Physically Handicapped Committees. It does assist in fostering a spirit of mutual help and understanding between a wide variety of other bodies and the Health Department to the ultimate benefit of each and the public.

This review has outlined the achievements of another year; which it is hoped have contributed to making the Borough a healthier and better place in which to live and the Council has cause to be proud of their achievements. Unfortunately as is even truer of the country as a whole — all is not well. An extract from a recent report to the Health Committee referring to the bus station reads

“On Saturday youths set fire to the chimney at this waiting room, they were abusive to the lady attendant and to people waiting for buses. On Thursday night they broke down parts of the bannister and also broke open the coalhouse door and used parts of the bannister to light a fire. The place was then turned into a Dance Hall.

“On Sunday night 17 letters were taken and broken from the timetable board. A girl was caught in the act of doing a rude drawing on the wall. On another occasion the handbasin in the men's lavatory was plugged allowing the water to flood the whole building. On another occasion the night attendant was hit by youths.”

It is hardly surprising that many individuals are fearful of being out alone after dark.



There were thirteen new cases of venereal disease reported from Stamford including one teenager and the national figure showed the appalling figure of 152,921, a rise of 7,612 on the previous year. Sexual intercourse is no longer sacred within the marriage bond but is promiscuously and wantonly debased.

The local illegitimate rate is over 5 per cent of our total and they amounted to over 70,100 in the country this year.

In England and Wales it has been shown that one man in six is found guilty of an indictable offence before the age of twenty-one. In London 12 boys and girls in 100 are arrested before they are twenty-one and the age of criminal responsibility is now ten allowing only eleven years for it. In this County crime was up this year by 12 per cent on the previous one. It would seem that the girls now like their boys to be tall, dark and handcuffed — or about to be.

Last year over twenty and three quarter million prescriptions under the National Health Service were issued for hypnotics — and how many millions of similar pills were obtained from other sources than the surgeries? It is a wonder the population is not half doped by day as well as by night.

There were three suicides this year and the National tide of *felo de se* is steadily rising. The causes of this moral malaise appear obvious. The traditional concepts of religious belief, self-discipline and honesty of purpose have been sabotaged. The nation is leaderless. The Politicians offer another slice of welfare cake as a panacea, the Educationalists offer more knowledge as an answer, some sections of the Church offer a modern version which is a caricature of the Christian Faith, whilst the “humanists” offer us a man-made substitute of the Almighty in their own likeness. Acquisitiveness and aggressiveness rampage the land. Self discipline is an outmoded concept which is often regarded as reactionary. Psychiatrists say the personality must not be thwarted by vetos and free expression must be permitted in the formative years. Surely good psychiatry ought to start at the bottom?

Who can quarrel with the belief that the problem boils down to the maintenance of self discipline based upon love, affection, mutual respect, an abiding regard for the rights of others and of service to the community; and a healthy respect for the rigours of the law if the accepted codes of conduct are broken. Inculcation of such a discipline must start in the earliest years, continue throughout the nursery, school and life. Only on such a foundation can a community flourish. Physical health and material achievements were never higher, ethics and morals are in danger of bankruptcy.

Amid the flood of new Health and Social legislation and new concepts it is becoming increasingly difficult to find time to think of their significance and how best they can be moulded to the service of local needs.

I wish to express my sincere thanks to the Mayor, Councillor Gray, and the other members of the Health Committee for their continuing interest and support and to the other members of the Council.

I am also much indebted to Mr. Roll and his Staff for their generous assistance in problems of mutual concern, and I again record my keen appreciation of the enthusiasm and cheerful efficiency of Mrs. Elmer in the many faceted work.

Finally I wish to thank the Town Clerk and my other colleagues in the Town Hall for their full co-operation and Dr. Mackey for kindly standing by for me during my absences.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

H. ELLIS SMITH

## BOROUGH OF STAMFORD

### SENIOR PUBLIC HEALTH INSPECTOR'S ANNUAL REPORT FOR THE YEAR 1964

#### TABULAR STATEMENT OF INSPECTIONS

Meat and Foods .....	460
Housing and Overcrowding .....	154
Infectious Diseases .....	42
Shops and Factories .....	118
Water Supplies .....	96
Rodent Control .....	281
Miscellaneous .....	136
TOTAL	1287

#### NOTICES SERVED

	Issued	Complied with
Informal .....	11	11
Statutory .....	17	15

#### MEAT INSPECTION

The number of animals slaughtered at the Municipal Abattoir totalled 12,537, slightly less than last year's record total.

I referred last year to the frustrations encountered in the search for a site for a new Abattoir and the position of the proposed Abattoir at the end of 1964 may be said to be more remote than at the end of the previous year. The Health Committee eventually expressed preference for a site adjoining the Cattle Market only to be met with serious objections on the question of access from the Animal Health Division of the Ministry of Agriculture, Fisheries and Food. Negotiations with British Railways for an alternative access were protracted and then another diversion was caused by the Fatstock Marketing Corporation showing some interest. This would have involved the provision of premises approaching factory abattoir size and I am far from convinced that slaughtering on this scale largely for long distance wholesale trade would be beneficial to the local butchers both as regards the facilities enjoyed and the quality of stock likely to be brought into the town. However the idea was not proceeded with and in view of yet another report on the meat industry still being awaited and the significant interest shown in purchase of home-killed meat from firms previously dealing only in the imported article, I have come to the conclusion that the decision to defer the project for the time being is probably the best one until a clearer picture can be seen of the trends in the meat trade.



In accordance with the practice of many years one hundred per cent inspection has been maintained. I would like to acknowledge the ready co-operation of the slaughtering staff by which the vexations imposed as a result of meat marking have been kept to a minimum.

It will be noticed from the Tables that a significant amount of Cysticercosis has been detected this year but whether this has arisen from a slightly different method of examination must be conjectural.

The total amount of meat condemned at 21,129 lbs. shows a slight increase on the figure for last year but it is worthy of comment that only one whole carcase of beef and none of pork were condemned for Tuberculosis.

TABLE 1

	CATTLE		CALVES	SHEEP	PIGS
	excluding Cows	Cows			
No of Animals Inspected ....	1394	—	2	6208	4933
<b>TUBERCULOSIS ONLY</b>					
No. of Whole Carcases and Offals condemned ....	1	—	—	—	—
No. of Carcases of which some part or organ was condemned	4	—	—	—	388
Percentage of Animals affected with T.B. ....	0.36%	—	—	—	7.87%
<b>DISEASES OTHER THAN T.B.</b>					
No. of Whole Carcases and Offals condemned ....	1	—	—	7	8
No. of Carcases of which some part or organ was condemned	325	—	—	362	1801
Percentage of Animals with diseases other than T.B. ....	32.38%	—	—	5.94%	36.67%
<b>CYSTICERCOSIS</b>					
Whole Carcases condemned ....	—	—	—	—	—
Carcases of which some part or organ was condemned ....	10	—	—	—	—
Carcases submitted to treatment by refrigeration....	10	—	—	—	—
Percentage of Animals affected with Cysticercosis ....	0.74%	—	—	—	—

TABLE 2

DETAILS OF CONDEMNED MEAT SHOWN IN TABLE 1

MEAT CONDEMNED	BEEF	MUTTON	PORK	VEAL
Whole Carcases and Offals ....	2	7	8	—
Heads.... ....	14	—	312	—
Tongues ....	14	—	312	—
Pairs of Lungs ....	170	276	1365	—
Livers.... ....	166	74	158	—
Plucks (Complete) ....	—	5	55	—
Fats (Mesenteric) ....	2	—	258	—
Spleens ....	5	—	67	—
Hearts.... ....	6	5	158	—
Kidneys ....	21	4	219	—
Forequarters (Whole) ....	1	—	—	—
Hindquarters (Whole) ....	—	—	—	—
Other Parts of Carcases ....	81	10	52	—

OTHER FOODSTUFFS

The following foodstuffs other than butchers' meat have also been condemned as unfit for human consumption. Once again the Table shows the diversity of food stuffs which now can be pre-packed.

Perhaps the most interesting work under this section this year was the tracing of tins of corned beef in connection with the Aberdeen typhoid outbreak. In all twenty-one six pound tins of corned beef were found to be of the suspect 'vintage' and the interesting fact emerged that though these tins were all processed at one of the same two packing stations, the labels bore a diversity of names proving the truth of the old proverb 'you cannot judge the marmalade by the label on the jar'. The unwisdom of returning suspect food to wholesalers, as was done in this case under Government direction, was proved by the inadvertent re-issue of the same corned beef. A similar investigation was carried out in respect of tinned tongue but no suspect material came to light in the town.

OTHER MEATS			
Brawn	8 lbs.	Ham	20 tins
Chickens	20	Jellied Veal	6 tins
Chicken Pies	12 pkts.	Meat Pastes	25 jars
Cooked Bacon	1 tin	Ox Tongue	10 lbs.
Corned Beef	23 tins	Pork	32 tins
Duck	1	Pressed Beef	6 lbs.
		Roast Pork	10 lbs.
		Stewed Steak	1 tin
		Tongue	13 tins
		Turkey	1



<b>FISH (WET)</b>					
Haddock	38 lbs.				
<b>FISH (PACKAGED)</b>					
Cod	21 pkts.	Kippers	24	Salmon	10 tins
Crab	1 tin	Pilchards	12 tins	Sardines	4 tins
Fish Cakes	33 pkts.	Plaice	28 pkts.		
<b>FRUIT AND PRESERVES</b>					
Apricots	1 tin	Lemon Crush	1 tin	Pineapple	8 tins
Blackcurrants	1 tin	Mixed fruit		Plums	18 tins
Damsons	1 tin	Pudding	9 tins	Raisins	20 pkts.
Fruit Cocktail	12 tins	Orange Juice	4 tins	Raspberries	4 tins
Fruit Jelly	31 jars	Oranges	5 tins	Rhubarb	2 tins
Grapefruit	8 tins	Peaches	83 tins	Strawberries	7 tins
Grapes	10 boxes	Pears	28 tins	Tomatoes	114 tins
<b>VEGETABLES</b>					
Baked Beans	2 tins	Brussel Sprouts	11 pkts.	Peeled	
Beans	28 pkts.	Carrots	2 tins	Potatoes	1 tin
Broad Beans	4 tins	Peas	49 pkts.	Potato Chips	7 pkts.
Broccoli	6 pkts.	Peas	58 tins		
<b>MISCELLANEOUS</b>					
Cheese	19 lbs.	Irish Stew	11 tins	Sago	2 tins
Cream	10 tins	Milk Pudding	6 tins	Soup	25 tins
Evap. Milk	22 tins				

## CLEAN FOOD REGULATIONS

Complaints relating to the condition of a meat pie sold at catering premises in the town resulted in informal action designed to secure substantial improvement in storage conditions on the premises which have however ceased to be used as food premises. Similar action in respect of a butcher's shop strangely enough produced the same result without recourse to Statutory action. Informal action in respect of two restaurant kitchens and a meat van in the market place produced speedy compliance with the requirements.

## ICE CREAM

There was one addition to the Register of premises licensed for the sale of Ice Cream during the year in respect of prepacked Ice Cream manufactured by a large National Distributor.

## **PRESERVED FOOD ETC., FOOD AND DRUGS ACT**

The number of premises on the Register was reduced by one during the year.

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### **MILK AND DAIRIES**

There are no changes in the Register to report this year.

I have been notified of the following results of samples taken by the County Public Health Inspector under the Milk Special Designation Regulations.

<b>TYPE OF MILK</b>	<b>No. of samples</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Pasteurised .....	2	2	—
Tuberculin Tested .....	11	10	1
Tuberculin Tested/Pasteurised	20	20	—

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One sample of Pasteurised Milk failed to pass the methylene blue test.

### **WATER SUPPLIES**

Routine sampling of the water supplies of the Borough is now undertaken by the South Lincs. Water Board and the results are notified to the Medical Officer of Health and referred to in his annual report.

Ninety-four samples of water were taken from the two swimming baths in the town and these results are also dealt with in the annual report of the Medical Officer of Health.

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### **PET ANIMALS ACT, 1951**

No additional applications for licences were received during the year.

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### **INFECTIOUS DISEASES, DISINFECTION AND DISINFESTATION**

Enquiries were made in respect of 15 cases of Scarlet Fever and 1 case of Erysipelas and adequate measures of disinfection were carried out where appropriate.

After a lapse of several years it was disquieting to discover a case of bed bugs in the town and the infestation spread to the adjoining house. Disinfestation of both houses was carried out. Another unusual event was the service of a Cleansing Order under Section 83 of the Public Health Act in respect of dirty premises infested with fleas and lice. The work was ultimately carried out by Council staff.

During the year following the failure to comply with a Statutory Notice, Court Action was taken to secure the Closing of premises, removal of filth and the cessation of keeping of cats so as to be a nuisance. A fine was imposed and a Justices' Order made. The defendant adopted a defiant attitude and was arrested for non payment of fine. He was also brought before the Court for failure to comply with the terms of the Justices' Order and a daily penalty of one pound was imposed; which nevertheless had not by the end of the year succeeded in attaining the desired objective i.e. abatement of nuisance.

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## **MOVEABLE DWELLINGS, PUBLIC HEALTH ACT 1936, Sec. 269**

No new licences were issued during the year. There were again further troubles arising from unauthorised camping in the Brownlow Street/Cherryholt Lane area. Part of the area has now been fenced off and it is hoped that this will finally abate this recurrent nuisance.

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## **RAG FLOCK ACT, 1951**

The single registration of premises under the Act remains in force.

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## **RODENT CONTROL**

86 complaints of infestation including 21 from business premises were received and dealt with. It is interesting to note that for the second year in succession the ratio of business to private premises is almost exactly 1:3. The reduction in inspections under this heading is happily attributable to the results shown by the large scale sewer treatment last year which ruled there was no necessity to carry out similar treatment this year.

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## **CLEAN AIR ACT**

There have been no serious complaints from smoke nuisance this year. Sporadic complaints have apparently been due to bad stoking technique.



## HOUSING INSPECTION

The most gratifying event to record this year is the confirmation of the Foundry Road Compulsory Purchase Order, including the whole of the premises listed as Unfit. The decision to go forward with a further two hundred Council houses is very gratifying and should result in the virtual elimination of the slum problem in the town but did not come in time for any material progress to be made this year. At the same time while one refers to elimination of slums I doubt if this state of affairs will ever be attained for surely a slum is only the worst category of dwelling remaining in what is hoped is a progressive society. One can only be disturbed by observing the crowded nature of current building programmes and the progressive reduction in standards and I fear that we may be providing plenty of work for succeeding generations of my profession. It is a disturbing truth that we are at present operating on a lower standard of fitness of housing than that in force thirty years ago. Plans have been produced for the redevelopment of part of the proposed High Street St. Martin's Area but progress in acquiring the remainder of the property is inevitably slow. Part of the improvement scheme to Browne's Hospital has already been completed.

With regard to improvements to other property, Grants were paid in respect of 11 Standard Grants and 1 Discretionary Grant Scheme completed during the year. 21 applications for Grants were received resulting in the award of 13 Standard Grants and 6 Discretionary Grants while 2 applications were refused as not complying with the conditions to qualify for Grant Aid.

One application for revocation of a Certificate of Disrepair under the Rent Act was received and approved, the required works having been carried out.

No. of Visits	.....	.....	.....	.....	.....	.....	.....	154
No. of Houses inspected	.....	.....	.....	.....	.....	.....	.....	106
No. of Houses inspected and recorded	.....	.....	.....	.....	.....	.....	.....	77
No. of Visits made for the purpose	.....	.....	.....	.....	.....	.....	.....	125
No. of Houses unfit for habitation	.....	.....	.....	.....	.....	.....	.....	22
No. of Houses not in all respects fit	.....	.....	.....	.....	.....	.....	.....	55
No. of cases of Statutory Overcrowding discovered	.....	.....	.....	.....	.....	.....	.....	Nil
No. of cases of Statutory Overcrowding abated.....	.....	.....	.....	.....	.....	.....	.....	Nil

### Remedy of Defects

No. of Houses closed as a result of Closing Orders	.....	.....	.....	.....	.....	.....	.....	3
No. of houses closed by accepting undertakings from owners not to use for habitation	.....	.....	.....	.....	.....	.....	.....	Nil
No. of Houses vacated in respect of which Demolition Orders were made	.....	.....	.....	.....	.....	.....	.....	Nil
No. of Houses included in Clearance Area confirmed	.....	.....	.....	.....	.....	.....	.....	9
No. of Houses in respect of which undertakings not to relet have been given and occupied at end of the year	.....	.....	.....	.....	.....	.....	.....	5

No. of Houses in respect of which Notices under Section 16 of the Housing Act 1957, have been served and under consideration at the end of the year	.....	.....	.....	.....	20
No. of Houses in respect of which Closing Orders were made in respect of part of the dwelling	.....	.....	.....	.....	2
No. of Houses made fit as a result of Informal Action	.....	.....	.....	.....	24
<b>Proceedings Under Public Health Acts</b>	.....	.....	.....	.....	Nil

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## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Possibly the most significant event in Public Health legislation in recent years has been the inauguration of the Offices, Shops and Railway Premises Act, 1963; the provisions of which relating to registration of premises came into force as from 1st August this year. In broad outline the intention of this Act is to place shops and offices on a par with factories regarding requirements as to safety, health and welfare of employees. This is in fact a long overdue piece of legislation which will entail considerable work in the early stages. Locally we have shared in a nation-wide slowness in registering premises and it is doubtful if more than half of the premises to which the Act applies had been Registered by the end of the year. In the early stages effort is being directed to securing registration before any general programme of detailed inspection to secure compliance with the standards of the Act. I have learned from H.M. Factory Inspectorate that this is the general experience and it is anticipated that it will take a few years fully to enforce the provisions of the Act.

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In conclusion, I would like to pay tribute to the work of my Assistant, Mr. A. R. Burt, who has carried out all his duties with unfailing devotion, loyalty and competence. I could not ask for a better colleague. In September the Pupil Inspector, Mr. C. D. Bowran, left to take up a similar appointment with the Tutbury Rural District Council and was replaced by Mr. N. Hibbett who is showing the interest in his duties that one would expect from a person who has adopted public health work as a first choice profession. Mrs. Elmer has done the job of acting as shorthand typist to two chief officers with distinction and maybe she has been helped in this difficult task because the relations between Dr. Ellis Smith and I are a model for what in my opinion should always be the case between the Medical Officer of Health and the Public Health Inspector, i.e. very happy indeed.

L. J. ROLL,

**Senior Public Health Inspector**

Town Hall,  
STAMFORD,  
Lincs.  
June, 1965.

**FACTORIES ACTS, 1937 to 1959.  
IN RESPECT OF THE YEAR 1964.**

1. Inspections for purposes of provisions as to health (including inspections made by the Health Inspector).

Premises  (1)	Number on Register  (2)	Number of		
		Inspec- tions (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ....	14	28	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ....	80	40	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total	94	68	—	—



## 2. CASES IN WHICH DEFECTS WERE FOUND

Particulars  (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found  (2)	Remedied  (3)	Referred		
			to H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	nil	nil	nil	nil	nil
Overcrowding (S.2) ....	nil	nil	nil	nil	nil
Unreasonable temperature (S.3) ....	nil	nil	nil	nil	nil
Inadequate ventilation (S.4) ....	nil	nil	nil	nil	nil
Ineffective drainage of floors (S.6) ....	nil	nil	nil	nil	nil
Sanitary conveniencies (S.7) ....					
(a) Insufficient ....	nil	nil	nil	nil	nil
(b) Unsuitable or defective ....	nil	nil	nil	1	nil
(c) Not separate for sexes ....	nil	nil	nil	nil	nil
Other offences against the Act (not including offences relating to out-work) ....	nil	nil	nil	nil	nil
Total ....	nil	nil	nil	1	nil

## PART VIII—OUTWORK

Nature of Work	No. of out-workers in August list required by Section 110 (1)	No. of cases of default in sending lists to Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel (making)	2	—	—	—	—	—

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises (1)	Number of premises registered during the year (2)	Total number of registered premises at end of year (3)	Number of registered premises receiving a general inspection during the year (4)
Offices ....	67	67	—
Retail shops ....	102	102	14
Wholesale shops, warehouses ....	8	8	1
Catering establish- ments open to the public, canteens ....	17	17	11
Fuel storage depots....	NIL	NIL	—

TABLE B—NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES

57
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TABLE C—ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of workplace (1)	Number of persons employed (2)
Offices ....	548
Retail shops ....	588
Wholesale departments, warehouses ....	66
Catering establishments open to the public ....	175
Canteens....	1
Fuel storage depots ....	—
Total	1378
Total Males	607
Total Females	771

TABLE D—EXEMPTIONS

Part I—Space (Sec. 5(2) )

Class of premises (1)	No. of exemptions current at 31st Dec. (2)	No. of exemptions granted or extended during year (3)	No. of applica- tions refused or exemptions withdrawn during year (4)	No. of cases in cols. (3) and (4) where employees opposed application (5)	Appeals to Court against refusal to grant or extend an exemption or against the withdrawal of an exemption	
					No. made (6)	No. allowed (7)
Offices ....	—	—	—	—	—	—
Retail shops ....	—	—	—	—	—	—
Wholesale shops, ware- houses ....	—	—	—	—	—	—
Catering establishments open to public, can- teens ....	—	—	—	—	—	—
Fuel storage depots ....	—	—	—	—	—	—

Part II—Temperature (Sec. 6)

Offices ....	—	—	—	—	—	—
Retail shops ....	—	—	—	—	—	—
Wholesale shops, ware- houses ....	—	—	—	—	—	—
Catering establishments open to public, can- teens ....	—	—	—	—	—	—
Fuel storage depots ....	—	—	—	—	—	—



Part III—Sanitary Conveniences (Sec. 9)

Offices ....	—	—	—	—	—	—	—
Retail shops ....	—	—	—	—	—	—	—
Wholesale shops, ware- houses ....	—	—	—	—	—	—	—
Catering establishments open to public, can- teens ....	—	—	—	—	—	—	—
Fuel storage depots ....	—	—	—	—	—	—	—

Part IV—Washing Facilities (Sec. 10)

Offices ....	—	—	—	—	—	—	—
Retail shops ....	—	—	—	—	—	—	—
Wholesale shops, ware- houses ....	—	—	—	—	—	—	—
Catering establishments open to public, can- teens ....	—	—	—	—	—	—	—
Fuel storage depots ....	—	—	—	—	—	—	—

**TABLE E—PROSECUTIONS**

Prosecutions instituted of which the hearing was completed in the year

Section of Act or title of Regulation or Order	No. of persons or companies prosecuted	No. of informations laid	No. of informations leading to a conviction
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—

No. of complaints (or summary applications)  
made under section 22) NIL

No. of interim orders granted.... NIL

---

**TABLE F—INSPECTORS**

No. of inspectors appointed under Section 52  
(1) or (5) of the Act .... 2

No. of other staff employed for most of their  
time on work in connection with the Act .... NIL





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